${\tt MICHIGAN\ DEPARTMENT\ OF\ ENVIRONMENT,\ GREAT\ LAKES,\ AND\ ENERGY-REMEDIATION\ AND\ REDEVELOPMENT\ DIVISION}$

PO BOX 30426, LANSING, MI 48909-7926, Phone 517-284-5087, Fax 517-241-9581

PUBLIC HIGHWAY INSTITUTIONAL CONTROL

When environmental contamination is proposed to remain in place within a public highway owned or controlled by a county road commission or local unit of government, the "Public Highway Institutional Control" may be used to satisfy all of the requirements under Section 21310a(3)(c) of Part 213, Leaking Underground Storage Tanks, of the Natural Resources and Environmental Protection Act, 1994 PA 451, as amended (NREPA). In addition, the "Public Highway Institutional Control" may serve as an alternative instrument, with department approval, pursuant to Section 20121(9) of Part 201, Environmental Remediation, of the NREPA. The party proposing this Institutional Control (IC) shall submit the completed form and all attachments with a Closure Report pursuant to Part 213 or a No Further Action Report pursuant to Part 201 to the appropriate District Office. Multiple signature pages may be necessary if there is more than one authority that owns or controls the public highway. The EGLE Reference Number can be obtained by contacting the Remediation and Redevelopment Division at deg-rrd@michigan.gov, or by calling 517-284-5153.

SECTION 1. FACILITY INFORMATION:	EGLE REF. NUMBER PHIC-RRD-						
SITE OR FACILITY NAME:	SITE OR FACILITY ID NUMBER:						
STREET ADDRESS:							
CITY:	ZIP: COUNTY:						
NAME OF PARTY PROPOSING PUBLIC HIGHWAY IC:	EMAIL ADDRESS:						
STREET ADDRESS:	CITY:		STATE:	ZIP:			
CONTACT PERSON:	PHONE:		FAX:				
EGLE District Office: ☐Cadillac ☐Gaylord ☐Grand Rapids ☐Jackson ☐Kalamazoo ☐Lansing ☐Saginaw Bay ☐SE Michigan ☐Upper Peninsula							
SECTION 2. AFFECTED PUBLIC HIGHWAY INFORMATION							
Name of affected public highway(s) and nearest intersection:							
2. Known or suspected contaminant(s) type (Check all that ap Petroleum Volatile organic compounds	ply): ☐Metal	S □Oth	er				
3. Is residual/mobile nonaqueous-phase liquid present in the affected public highway: ☐YES ☐NO							
4. Media contaminated:							
a. Soil Depth to contaminated soil:			_				
b. Groundwater Depth to contaminated groundwater: Predominant groundwater flow direction:							
 5. Provide a scaled drawing of the portion of the public highway subject to the institutional control that depicts the area impacted by regulated substances and the location of utilities in the impacted area, including storm water systems and municipal separate storm water systems. At a minimum, the scaled drawing should include: a. A north arrow. b. A graphical scale bar and scale statement (e.g. 1"=50'). c. The limits of the source property plotted, to scale, showing the relationship to the county road commission or local unit of government and other affected parcels. d. The public highway(s) name identified. e. A statement identifying the Township, Range, Section, and Quarter Section where the parcel is located. f. The limits of the affected public highway plotted to scale. This area should be hatched and labeled appropriately. g. The location of significant site features such as buildings, drives, parking lots, and road surface. h. Cross section illustrating affected public highway, media, utilities, and location and depth of contaminated media. i. Most recent analytical data illustrating contaminant compounds and concentrations within the contaminated media. 							

6.	rovide a complete list that identifies all parties with ownership and possessory or use property interests related to the public highway (including owners of real property, easement holders, utility franchise holders, and owners or operators of public utilities):						
	a. Are any of the parties listed above affected by theb. Have all of the parties above affected by the contactive action plan or pursuant to the due care recovered.	amination received notification of the exis	sting conditions as part of a				
7.	 Z. Exposure risks: a. Due to groundwater contamination (Check all that apply): □ Drinking water □ Indoor air inhalation □ Surface water b. Due to soil contamination (Check all that apply): □ Direct contact □ Ambient air Inhalation □ Indoor air inhalation □ Leaching from soil to groundwater □ Direct transport to surface water □ Soil excavation/relocation 						
	Based on the exposure risks identified above, insert a paragraph below which describes the affected media, the nature and extent of the hazardous substances, the cleanup criteria exceeded, the routes of potential exposure, any response activities or corrective actions that have been taken to address the contamination, and any activities that could result in exposure to hazardous substances that would cause this institutional control to not be protective of public health, safety, and welfare (e.g. use of the groundwater for consumption, irrigation, or any other use, management and disposal of groundwater for dewatering for construction purposes; any excavation or intrusive activity that would result in contaminated soils to be placed at the ground surface or otherwise exacerbate the extent of contamination).						
SI	ECTION 3. STORM SEWER SYSTEM CERTIFICATI	ON:					
Is contamination present in or does the contamination have the potential to enter the storm sewer system (including separate storm sewer systems and combined sewers) as a result of the release from the underground storage tank system: YES NO If yes, please provide information below and attach any drawings, tables, etc. that clearly identifies the nature and extent of							
the contamination that enters or has the potential to enter the storm sewer system.							
SI	ECTION 4. SUBMITTER INFORMATION:						
I, as the submitter identified in Section 1, or the qualified consultant authorized to complete this document on the submitter's behalf, hereby attest to the accuracy of the statements in this document and all attachments, and have provided this document to the county road commission or local unit of government.							
	Signature	Print	Date				
	Name of Company (if applicable)	Address, City, St	ate, Zip				
	Phone Number	Fax Number	Email Address				
SI	SECTION 5. COUNTY ROAD COMMISSION OR LOCAL UNIT OF GOVERNMENT CONFIRMATION:						
Name of county road commission or local unit of government:							
The aforementioned [choose: county road commission or local unit of government] hereby confirms that there are no current plans to relocate, vacate, or abandon the public highway. With my signature below, I certify that I am legally							
aı	authorized to sign on behalf of the [choose: county road commission or local unit of government]. Signature of Authorized Official Print Authorized Official						
	Signature of Authorized United	Filli Authoriz	cu Ulliciai				

Title of Authorized Official	Date		
Name of county road commission or local unit of government	Address, City, State, Zip		
Phone Number	Fax Number	Email Address	